								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003													
		10,75,767											
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
<u> </u>			(Column	11)	(Column 2)		TYPE		<u> </u>	OR SMALL ENTIT		ENTITY	
TOTAL CLAIMS			6				RAT	Ε	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE 385.00		OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			/ minus 20=		•		X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 =				X43=		OR	X86=			
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT				+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA	\L		OR	TOTAL	720		
3/1 g / CLAIMS AS AMENDED - PART II									<u> </u>	•	OTHER	THAN	
	(Column 1) (Column 2) (Column 3)						SMA	LL 8	ENTITY	OR	SMALL		
AMENDMENT A	_	CLAIMS REMAINING		HIGH NUM		PRESENT			ADDI-	1 1		ADDI-	
	:	AFTER AMENDMENT		PREVIO	USLY	EXTRA	RATH	≒	TIONAL FEE		RATE	TIONAL FEE	
	Total	.17	Minus	-2		=	XS 9	_	, , , ,	OR	XS18=		
	Independent	.3	Minus	3)	=	X43:			OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On			
							+145			OR	+290=		
							TO1 ADDIT. F	_		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	nn 2)	(Column 3)						i	
AMENDMENT B		CLAIMS REMAINING		HIGH		PRESENT			ADDI-			ADDI-	
		AFTER AMENDMENT		PREVIO	USLY	EXTRA	RATE	⋷ ┃	TIONAL		RATE	TIONAL	
	Total	*	Minus	PAID	FUR	_	YCO	7	FEE		V610	FEE	
	Independent	•	Minus	***		=	X\$ 9	=		OR	X\$18=		
Ā			TIPLE DEPENDENT		CLAIM		X43=			OR	X86=		
نــــا			CIN CE DEI	LIVELIVI			+145	_		OR	+290=		
							101			OR	TOTAL		
		(Oal 4)		(Colum	0)	(Column 3)	ADDIT. F	EE 4		,	ADDIT. FEE		
		(Column 1) CLAIMS				ADC: 1) 1		4000				
AMENDMENT C	-	REMAINING AFTER		HIGH NUMI PREVIO	BER	PRESENT	RATE	.	ADDI- TIONAL		RATE	ADDI- TIONAL	
		AMENDMENT		PAID		EXTRA	I MAIL		FEE		CCIC	FEE	
	Total	*	Minus	grit:		=	X\$ 9	- 1		OR	X\$18=		
	independent	•	Minus	***		=	X43=				X86=		
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						A-35	\dashv		OR			
		+145	-		OR	+290=							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 20, enter "20." ** TOTAL ADDIT. FEE													
	•	mber Previously Pa ber Previously Pak							propriate box				
	ric ingrestivin	Del Fleviously Fax	a For (10taro	muepenot	entl is the	ingrest number	T TOUTION IN THE	app	nophiare bur	1117 CO	1011111 1.		

FORM PTO-875 (Rev 10/03)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE